

LOUISIANA House of Representatives Application for Employment

Revised 01/05/05

(Please print)

Mail completed form to:

Human Resources Office House of Representatives P.O.Box 44197 Baton Rouge, LA 70804-

or fax to: (225) 342-0373

Date:			Social Security N	No:	
Name:	· 				
	Last	First	Middle		
Address:	No Street		City	State	 Zip
	110. Bucci		City	State	Zip
Telephone:	Home	Business .		Cell	
E-mail Address	:				
Position Appli	ed For: (Please ci	rcle one)			
Attorney L	egislative Analyst	Committee Secretary	Info Specialist/Librarian	Library As	ssociate
Sergeant-at-Ar	ms Receptionis	Wordprocessor Opera	tor Proofreader	Docket C	lerk
Switchboard O	perator Law C	lerk Intern Oth	er		
If applying for	· Law Clerk/Intern,	specify hours that can be	worked: Sun	Mo	n
Tues.	Wed	Thurs	_ Fri	Sat	
How were you	referred to our Org	anization?			
Have you wor	ked with us before?	No Yes - If	yes, when/how long?		
Previous Job T	itle		Reason for Leaving	g	
Do you have a Yes	ny relatives who are No	members of the Legislatu	ire or who are employe	d by this Org	anization?
If yes, please s _l	pecify:				

EDUCATIONAL HISTORY

High School	Name and Location: _		
Attended from	to	_ G.P.A	Date Graduated
Technical or Other	Name and Location: _		
Attended from	to	G.P.A	Date Graduated
Training Received: _			
College	Name and Location: _		
Year 1 2 3 4 (Circle year presently attending, if student)	Attended from	to	Major
G.P.A	Degree received		Total Semester Hours
Major	Minor	Honors:	
Graduate School	Name and Location: _		
Year 1 2 3 4 (Circle year presently attending, if student)	Attended from	to	Major
G.P.A	Degree received		Total Semester Hours
Major	Honors:		
Law School	Name and Location: _		
Year 1 2 3 4 (Circle year presently attending, if student)	Attended from	to	G.P.A
ClassRanking	Date Passed - I	ouisiana Bar E	Examination
Honors:			

EMPLOYMENT HISTORY

Present/Previous Employer Data (List in Reverse Order Beginning with Present Employer, attach resume)

1 Name 2 Address	3 City/State/Zip 4 Contact/Phone	Position Job Title	Dates From/To	Salary Beginning/Ending	Reason for Leaving
1					
2					
3					
4					
1					
2					
3					
4					
1					
2					
3					
4					

U.S. MILITARY SERVICE

Branch of Service	From	_ to
Rank & Type of Service		
Training/Experience Received		
Please list any additional information that relates to your abiapplied, such as licenses, professional memberships, hobbies	• 1	•

BUSINESS/PROFESSIONAL REFERENCES

(Do Not Include Relatives)

Name	Address/City/State/Zip	Telephone #	Professio	nal Re	elationship
1					
2					
3					
			(Please	circle yes	or no)
Would you pref	Fer that we check with you before conta	acting your references?		Yes	No
Have you ever or taking a publ	engaged in any political activity, such a ic position?	as campaigning for a state	e office	Yes	No
If yes, describe	the nature of this activity:				
0 0	and Extraordinary sessions of the Legrable amount of overtime. Are you wi	•	or staff to	Yes	No
Are you willing legislative com	to travel within the state for purposes mittees?	of meeting with		Yes	No
Have you previous	ously applied for employment with the	House of Representative	es?	Yes	No
If yes, when:					
• • • • • • • • • • • • • • • • • • • •	cation be released to other organization plicants with your qualifications?	ns or persons who may be	e	Yes	No
	APPLICANT'S	STATEMENT			
my employmen federal law. I un prohibits the en	t the employer follows an "employment at at any time, or for any reason with on inderstand that this application is not a comployment of unauthorized aliens; a thorization and identity.	or without cause, consistent contract of employment.	tent with a I understa	applical	ble state or federal law
	at if employed by this organization, I vight come before the legislature. I und employment.	_			•
	at this application will be active for a employment, I must submit a new appl	•	er that tin	ne, if I	wish to be
•	statements herein are true and underst for dismissal or refusal of employmen	•	or willful	omissi	on shall be
Your Signature	e	Date			

APPLICANT - DO NOT WRITE IN THIS SECTION

INTERVIEWS

(Coordinators/Supervisors, please attach separate sheet if necessary)

Interviewer	Date	Comments

TEST RESULTS

Test Administered	Date	Score	Comments

REFERENCE CHECKS

Reference	Person Auditing	Comments

HIRED

Division Position		Will Report	Location	Salary

Mail application to: Fax to: or

House of Representatives

Human Resources Office

P. O. Box 44197

Baton Rouge, LA 70804-4197

225-342-0373